

**INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE)
PROGRAM UNIFORM CERTIFICATION APPLICATION**

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP that conducted the review.

NOTE: If your firm is currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.

- (4) Give the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.

- (6) Check the appropriate box that indicates whether your firm is "for profit."

NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.

- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
 - (a) your firm has been a subsidiary of any other firm;
 - (b) your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) your firm has owned any percentage of any other firm; and
 - (d) your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.

- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.

- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.

- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner's PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors:

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
 - (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
 - (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
 - (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
 - (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
 - (6) Office management;
 - (7) Marketing and sales;
 - (8) Purchasing of major equipment;
 - (9) Signing company checks (for any purpose); and
 - (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
 - (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
 - (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.
- C. Indicate your firm's inventory in the following categories:**
- (1) **Equipment**
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.
 - (2) **Vehicles**
State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.
 - (3) **Office Space**
State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.
 - (4) **Storage Space**
State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.
- D. Does your firm rely on any other firm for management functions or employee payroll?**
Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.
- E. Financial Information**
- (1) **Banking Information**
 - (a) State the name of your firm's bank.
 - (b) Give the main phone number of your firm's bank branch.
 - (c) Give the address of your firm's bank branch.
 - (2) **Bonding Information**
 - (a) State your firm's Binder Number.
 - (b) State the name of your firm's bond agent and/or broker.
 - (c) Give your agent's/broker's phone number.
 - (d) Give your agent's/broker's address.
 - (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.
- F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:**
State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.
- G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:**
Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.
- H. List current licenses/permits held by any owner or employee of your firm.**
List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.
- I. List the three largest contracts completed by your firm in the past three years, if any.**
List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.
- J. List the three largest active jobs on which your firm is currently working.**
For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.
- AFFIDAVIT & SIGNATURE**
Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 C.F.R. PART 26

UNIFORM CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

§ Should I apply?

- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$17.42 million in gross annual receipts?
- Is your firm organized as a for-profit business?

⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

§ Is there an easier way to apply?

If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form. **NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.**

§ Be sure to attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.

§ Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indexableofsize.html> (provides a listing of SIC codes)
- 49 CFR Part 26 (the rules and regulations governing the DBE program)

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

| | | |
|---|-------------------------|---|
| Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(es))</i> | π DBE | Name of certifying agency: |
| | | Has your firm's state UCP conducted an on-site visit? |
| | | π Yes, on ____/____/____ State: _____ π No |
| | π 8(a) π SDB | ⊗ STOP! If you checked either the 8(a) or SDB box, you <u>may not</u> have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU. |

B. Prior/Other Applications and Privileges

| |
|--|
| Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? π Yes, on ____/____/____ π No If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action: |
|--|

Section 2: GENERAL INFORMATION

A. Contact Information

| | | | |
|---|--------------------|------------------------------------|----------------------------|
| (1) Contact person and Title: | | (2) Legal name of firm: | |
| (3) Phone #: | (4) Other Phone #: | (5) Fax #: | |
| (6) E-mail: | | (7) Website <i>(if have one)</i> : | |
| (8) Street address of firm <i>(No P.O. Box)</i> : | | City: | County/Parish: State: Zip: |
| (9) Mailing address of firm <i>(if different)</i> : | | City: | County/Parish: State: Zip: |

B. Business Profile

| | |
|--|---|
| (1) Describe the primary activities of your firm: | (2) Federal Tax ID (if any): |
| (3) This firm was established on ____/____/____ | (4) I/We have owned this firm since: ____/____/____ |
| (5) Method of acquisition <i>(check all that apply)</i> : π Started new business π Bought existing business π Inherited business π Secured concession π Merger or consolidation π Other <i>(explain)</i> _____ | |
| (6) Is your firm "for profit"? ρ Yes ρ No | ⊗ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application. |

(7) Type of firm (*check all that apply*):

☐ Sole Proprietorship

☐ Partnership

☐ Corporation

☐ Limited Liability Partnership

☐ Limited Liability Corporation

☐ Joint Venture

☐ Other, Describe: _____

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?

☐ Yes ☐ No

If Yes, explain: _____

(9) Number of employees: Full-time _____ Part-time _____ Total _____

(10) Specify the gross receipts of the firm for the last 3 years: Year _____ Total receipts \$ _____

Year _____ Total receipts \$ _____

Year _____ Total receipts \$ _____

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?

☐ Yes ☐ No

If Yes, identify: Other Firm's name: _____

Explain nature of shared facilities: _____

| | | |
|--|--|--|
| (2) At present, or at any time in the past, has your firm: | (a) been a subsidiary of any other firm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (b) consisted of a partnership in which one or more of the partners are other firms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (c) owned any percentage of any other firm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (d) had any subsidiaries? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? ☐ Yes ☐ No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (*attach extra sheets, if needed*):

| | <u>Name</u> | <u>Address</u> | <u>Type of Business</u> |
|----|-------------|----------------|-------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? ☐ Yes ☐ No

If Yes, then list (*attach extra sheets, if needed*):

| | <u>Name</u> | <u>Relationship</u> | <u>Company</u> | <u>Type of Business</u> | <u>Own or Manage?</u> |
|----|-------------|---------------------|----------------|-------------------------|-----------------------|
| 1. | | | | | |
| 2. | | | | | |

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below *(If more than one owner, attach separate sheets for each additional owner):*

A. Background Information

| | | |
|---|---|-------------------|
| (1) Name: | (2) Title: | (3) Home Phone #: |
| (4) Home Address <i>(street and number)</i> : _____ City: _____ State: _____ Zip: _____ | | |
| (5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | (6) Ethnic group membership <i>(Check all that apply)</i> : <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other <i>(specify)</i> _____ | |
| (7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

B. Ownership Interest

| (1) Number of years as owner: | <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">(2) Initial investment to</th> <th style="text-align: left;"><u>Type</u></th> <th style="text-align: left;"><u>Dollar Value</u></th> </tr> <tr> <td>acquire ownership</td> <td>Cash</td> <td>\$</td> </tr> <tr> <td>interest in firm:</td> <td>Real Estate</td> <td>\$</td> </tr> <tr> <td></td> <td>Equipment</td> <td>\$</td> </tr> <tr> <td></td> <td>Other</td> <td>\$</td> </tr> </table> | (2) Initial investment to | <u>Type</u> | <u>Dollar Value</u> | acquire ownership | Cash | \$ | interest in firm: | Real Estate | \$ | | Equipment | \$ | | Other | \$ |
|--|---|---------------------------|---------------------|---------------------|-------------------|------|----|-------------------|-------------|----|--|-----------|----|--|-------|----|
| (2) Initial investment to | | <u>Type</u> | <u>Dollar Value</u> | | | | | | | | | | | | | |
| acquire ownership | | Cash | \$ | | | | | | | | | | | | | |
| interest in firm: | Real Estate | \$ | | | | | | | | | | | | | | |
| | Equipment | \$ | | | | | | | | | | | | | | |
| | Other | \$ | | | | | | | | | | | | | | |
| (3) Percentage owned: | | | | | | | | | | | | | | | | |
| (4) Familial relationship to other owners: | | | | | | | | | | | | | | | | |
| (5) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date acquired</u> <u>Method Acquired</u> | | | | | | | | | | | | | | | | |
| (6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ | | | | | | | | | | | | | | | | |
| (7) Does this owner own or work for any other firm(s) that has a relationship with this firm <i>(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____ | | | | | | | | | | | | | | | | |

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

| |
|--|
| (1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? <i>(Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)</i> |
| (2) Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain <i>(attach additional sheets if needed)</i> : |

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors (If additional space is required, attach a separate sheet):

| | Name | Title | Date Appointed | Ethnicity | Gender |
|-----------------------------|------|-------|----------------|-----------|--------|
| (1) Officers of the Company | (a) | | | | |
| | (b) | | | | |
| | (c) | | | | |
| | (d) | | | | |
| | (e) | | | | |
| (2) Board of Directors | (a) | | | | |
| | (b) | | | | |
| | (c) | | | | |
| | (d) | | | | |
| | (e) | | | | |

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? π Yes π No

If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? π Yes π No

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

B. Identify your firm's management personnel who control your firm in the following areas (If more than two persons, attach a separate sheet):

| | Name | Title | Ethnicity | Gender |
|--|------|-------|-----------|--------|
| (1) Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.) | a. | | | |
| | b. | | | |
| (2) Estimating and bidding | a. | | | |
| | b. | | | |
| (3) Negotiating and Contract Execution | a. | | | |
| | b. | | | |
| (4) Hiring/firing of management personnel | a. | | | |
| | b. | | | |
| (5) Field/Production Operations Supervisor | a. | | | |
| | b. | | | |
| (6) Office management | a. | | | |
| | b. | | | |
| (7) Marketing/Sales | a. | | | |
| | b. | | | |
| (8) Purchasing of major equipment | a. | | | |
| | b. | | | |
| (9) Authorized to Sign Company Checks (for any purpose) | a. | | | |
| | b. | | | |
| (10) Authorized to make Financial Transactions | a. | | | |
| | b. | | | |

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? π Yes π No
 If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?
 π Yes π No

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

| Type of Equipment | Make/Model | Current Value | Owned or Leased? |
|-------------------|------------|---------------|------------------|
| (a) | | | |
| (b) | | | |
| (c) | | | |

(2) Vehicles

| Type of Vehicle | Make/Model | Current Value | Owned or Leased? |
|-----------------|------------|---------------|------------------|
| (a) | | | |
| (b) | | | |
| (c) | | | |

(3) Office Space

| Street Address | Owned or Leased? | Current Value of Property or Lease |
|----------------|------------------|------------------------------------|
| (a) | | |
| (b) | | |

(4) Storage Space

| Street Address | Owned or Leased? | Current Value of Property or Lease |
|----------------|------------------|------------------------------------|
| (a) | | |
| (b) | | |

D. Does your firm rely on any other firm for management functions or employee payroll? π Yes π No

If Yes, explain:

E. Financial Information

(1) Banking Information:

(a) Name of bank: _____ (b) Phone No: () _____

(c) Address of bank: _____ City: _____ State: _____ Zip: _____

(2) **Bonding Information:** If you have bonding capacity, identify: (a) Binder No: _____
 (b) Name of agent/broker _____ (c) Phone No: () _____
 (d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____
 (e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

| Name of Source | Address of Source | Name of Person Securing the Loan | Original Amount | Current Balance | Purpose of Loan |
|----------------|-------------------|----------------------------------|-----------------|-----------------|-----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

| Contribution/Asset | Dollar Value | From Whom Transferred | To Whom Transferred | Relationship | Date of Transfer |
|--------------------|--------------|-----------------------|---------------------|--------------|------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.)(attach additional sheets if needed):

| Name of License/Permit Holder | Type of License/Permit | Expiration Date | License Number and State |
|-------------------------------|------------------------|-----------------|--------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

I. List the three largest contracts completed by your firm in the past three years, if any:

| Name of Owner/Contractor | Name/Location of Project | Type of Work Performed | Dollar Value of Contract |
|--------------------------|--------------------------|------------------------|--------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

J. List the three largest active jobs on which your firm is currently working:

| Name of Prime Contractor and Project Number | Location of Project | Type of Work | Project Start Date | Anticipated Completion Date | Dollar Value of Contract |
|--|----------------------------|---------------------|---------------------------|------------------------------------|---------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for DBE certification, you must attach copies of all of the following documents as they apply to you and your firm.

All Applicants

- ☐ Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- ☐ Personal Financial Statement (form available with this application)
- ☐ Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status
- ☐ Your firm's tax returns (gross receipts) and all related schedules for the past three years
- ☐ Documented proof of contributions used to acquire ownership for each owner (*e.g. both sides of cancelled checks*)
- ☐ Your firm's signed loan agreements, security agreements, and bonding forms
- ☐ Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- ☐ List of equipment leased and signed lease agreements
- ☐ List of construction equipment and/or vehicles owned and titles/proof of ownership
- ☐ Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- ☐ Year-end balance sheets and income statements for the past three years (*or life of firm, if less than three years*); a new business must provide a current balance sheet
- ☐ All relevant licenses, license renewal forms, permits, and haul authority forms
- ☐ DBE and SBA 8(a) or SDB certifications, denials, and/or decertifications, if applicable
- ☐ Bank authorization and signatory cards
- ☐ Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- ☐ Trust agreements held by any owner claiming disadvantaged status, if any

Partnership or Joint Venture

- ☐ Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- ☐ Official Articles of Incorporation (*signed by the state official*)
- ☐ Both sides of all corporate stock certificates and your firm's stock transfer ledger
- ☐ Shareholders' Agreement
- ☐ Minutes of all stockholders and board of directors meetings
- ☐ Corporate by-laws and any amendments
- ☐ Corporate bank resolution and bank signature cards
- ☐ Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

Trucking Company

- ☐ Documented proof of ownership of the company
- ☐ Insurance agreements for each truck owned or operated by your firm
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by your firm
- ☐ List of U.S. DOT numbers for each truck owned or operated by your firm

Regular Dealer

- ☐ Proof of warehouse ownership or lease
- ☐ List of product lines carried
- ☐ List of distribution equipment owned and/or leased

NOTE: The specific state UCP to which you are applying may have additional required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required.

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PEALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I hereby certify that I am a (circle all that apply):

Female Black American Hispanic American Native American
Asian- Pacific American Subcontinent Asian American
Other (specify) _____.

I have held myself out as a member of that group and have acted as a member of that group. I certify that I am an owner of the company seeking DBE certification and that I have been subjected to racial or ethnic prejudice or cultural bias within American society because of my identity as a member of the above circled group.

I further certify that my personal net worth does not exceed \$750,000, and that my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare, under penalty of perjury, that the information provided in this application and supporting documents relating to my disadvantaged status and me is true and correct.

Signature: _____ Date: _____

NOTARY CERTIFICATE:

PART G - All Applicants must complete

ANNUAL GROSS RECEIPTS SURVEY FOR CERTIFICATION

| | | |
|---------------------------|-------------------|-------------|
| Company's Full Legal Name | | Vendor No. |
| Firm's Address | | |
| City | State | Zip Code |
| Age of Firm | Firm's DBE Status | DBE Non-DBE |

ANNUAL GROSS RECEIPTS

For the Firm's fiscal year ending _____
(Date)

PLEASE CHECK THE APPROPRIATE BRACKET

| | |
|--|---|
| <input type="checkbox"/> 0 - \$10,000 | <input type="checkbox"/> \$35 Million - \$40 Million |
| <input type="checkbox"/> \$10,000 - \$25,000 | <input type="checkbox"/> \$40 Million - \$45 Million |
| <input type="checkbox"/> \$25,000 - \$50,000 | <input type="checkbox"/> \$45 Million - \$50 Million |
| <input type="checkbox"/> \$50,000 - \$100,000 | <input type="checkbox"/> \$50 Million - \$55 Million |
| <input type="checkbox"/> \$100,000 - \$250,000 | <input type="checkbox"/> \$55 Million - \$60 Million |
| <input type="checkbox"/> \$250,000 - \$500,000 | <input type="checkbox"/> \$60 Million - \$65 Million |
| <input type="checkbox"/> \$500,000 - \$1 Million | <input type="checkbox"/> \$65 Million - \$70 Million |
| <input type="checkbox"/> \$1 Million - \$2 Million | <input type="checkbox"/> \$70 Million - \$75 Million |
| <input type="checkbox"/> \$2 Million - \$5 Million | <input type="checkbox"/> \$75 Million - \$80 Million |
| <input type="checkbox"/> \$5 Million - \$10 Million | <input type="checkbox"/> \$80 Million - \$85 Million |
| <input type="checkbox"/> \$10 Million - \$15 Million | <input type="checkbox"/> \$85 Million - \$90 Million |
| <input type="checkbox"/> \$15 Million - \$20 Million | <input type="checkbox"/> \$90 Million - \$95 Million |
| <input type="checkbox"/> \$20 Million - \$25 Million | <input type="checkbox"/> \$95 Million - \$100 Million |
| <input type="checkbox"/> \$25 Million - \$30 Million | <input type="checkbox"/> Over \$100 Million |
| <input type="checkbox"/> \$30 Million - \$35 Million | |

COMMENTS: _____

Instructions for Completing the Personal Financial Statement

1. The value of the primary residence of a person required to complete this financial statement is exempt. Therefore do not include the value of the primary residence either as an asset or a liability. However, equity/debt in any other property—for instance vacation, rental, time-share, commercial, land holdings, etc.—must be declared in the appropriate categories, and it must be documented by the owner's personal federal tax return.

2. Any equity/debt in the particular business applying for DBE Certification is also exempt from declaration. **However, equity/debt held in any other business by the person required to complete this financial statement must be declared in the appropriate categories, and it must be documented by the owner's personal federal return as well as the respective business federal return for each business entity declared.**

*****Please Note that all copies of tax returns must be signed and dated by an authorized individual before submittal.*

3. The Personal Financial Statement must notarized by someone other than a family member or an employee of the individual who completes the form.

4. Where appropriate, be sure to describe the items in the corresponding **Sections**.

Personal Financial Statement
As of _____, 200__

Complete this form for: (1) each business owner, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more voting stock.

| | |
|-------------------|-----------------|
| Name | Business Phone |
| Residence Address | |
| City, State & Zip | Residence Phone |
| DBE Firm Name | |

| ASSETS <i>(Omit Cents)</i> | | LIABILITIES <i>(Omit Cents)</i> | |
|---|-----------|--|-----------|
| Cash on Hand & In Banks | \$ | Accounts Payable | \$ |
| Savings Accounts, Money Markets & CDs | \$ | Notes Payable to Banks & Others (Describe in Section 5) | \$ |
| IRA or Other Retirement Account | \$ | Installment Accounts (Auto) Monthly Payments \$_____ | \$ |
| Accounts & Notes Receivable | \$ | Installment Accounts (Other) Monthly Payments \$_____ | \$ |
| Life Insurance-Cash Surrender Value Only (Describe in Section 4) | \$ | Loans on Life Insurance | \$ |
| Stocks & Bonds (Describe in Section 2) | \$ | Mortgages on Real Estate | \$ |
| Real Estate (Describe in Section 3)** | \$ | Unpaid Taxes (Describe in Section 5) | \$ |
| Automobile-Present Value | \$ | Other Liabilities (Describe in Section 5) | \$ |
| Other Personal Property (Describe in Section 1, Jewelry, Paintings, Furniture, etc.) | \$ | | |
| Other Assets & Business Interest (Describe in Section 1) * | \$ | | |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES | \$ |
| | | Net Worth/Subtract Total Assets from Total Liabilities | \$ |
| | | Liabilities & Net Worth/Add Total Liabilities & Net Worth | \$ |

** Information on your primary residence is exempt. Please do not include on this form.

* Information on your DBE certified business is exempt. Please do not include on this form.

| Source of Income | | Contingent Liabilities | |
|--------------------------------------|----|----------------------------------|----|
| Salary/Draw | \$ | As Endorser/Co-Maker | \$ |
| Net Investment Income | \$ | Legal Claims & Judgments | \$ |
| Real Estate Income | \$ | Provision for Federal Income Tax | \$ |
| Other Income (Describe in Section 1) | \$ | Other Special Debt | \$ |

Section 1-Other Personal Property, Assets, & Sources of Income (Alimony or child support payments need not be disclosed.)

| |
|--|
| |
| |
| |

Section 2-Stocks & Bonds (Use attachments if necessary) Each statement must be identified as a part of this statement and signed.

| Number of Shares | Description | Maturity Date | Amount |
|------------------|-------------|---------------|--------|
| | | | |
| | | | |

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Section 3-Real Estate *(Use attachments if necessary) Each statement must be identified as a part of this statement and signed.*

| | Property A | Property B | Property C |
|-----------------------------------|------------|------------|------------|
| Type of Property | | | |
| Address | | | |
| Date Purchased | | | |
| Current Market Value | | | |
| Mortgage Balance | | | |
| Status of Mortgage | | | |
| Name & Address of Mortgage Holder | | | |
| Amt. of Payment per Month/Year | | | |

Section 4-Life Insurance Held *(Give face value & cash surrender value of policies-name insurance company & beneficiaries).*

| |
|--|
| |
| |
| |

Section 5-Other Liabilities, Unpaid Taxes, Notes Payable & Others *(Describe in detail.)*

| |
|--|
| |
| |
| |

AFFIDAVIT

This information is provided for specific use by the Virginia Department of Transportation and is deemed proprietary information and exempt under the State of Virginia and Federal codes governing disclosure and Freedom of Information inquiry. The information is further to be held in strict confidence and shared only with personnel requiring access to the data in the performance of their duties. I certify that this information is an accurate reporting of my networth and affix my signature subject to the penalties and laws of perjury.

State of _____ City/County _____

Name (Printed)

Date

Signature

Sworn before me this _____ day of _____,

(Seal)

Notary Public

My Commission expires _____

Prequalification Instructions For Completing The Prequalification Application (Form C-32)

OVERVIEW

Form C-32 is designed for use in applying for two Virginia Department of Transportation Programs.

Prequalification is the evaluation of firms that are requesting prequalification privileges in order to perform work as a prime contractor or a subcontractor on projects awarded through the Construction Division of VDOT.

The Equal Opportunity Division (EO) conducts the Certification Program. The certification evaluation is performed to determine the ownership and control of the firm and whether it qualifies as a disadvantage business enterprise (minority owned) or as a woman business enterprises (woman owned). Questions concerning certification should be directed to the certification supervisor at (804) 786-3761. For a person with a hearing impairment, the EO Division can be reached via the Virginia Relay Center at 1-(804) 383-1120.

Prequalification is performed on a two-year evaluation cycle. A complete application (Form C-32) is required in the first year. Firms preparing to enter their second year are permitted to submit less information (Form C-32A). All currently prequalified firms should review the copy of their Contractor's Rating and Classification (Form C-41) that we included with last year's Certificate of Qualification. Under the sources and comments section, note the year's cycle the prequalification was evaluated. The year of two-year cycle that was not performed last year is due with this submittal. If both sets of forms are submitted, the firm will be evaluated as the first year of the two-year evaluation cycle.

PREQUALIFICATION INSTRUCTIONS

The company's name as shown on the application shall be the company's legal name and the company must use its legal name in submitting bids, and all other legal documents submitted to the department.

English language must be used in completing the application, the attachments to the application, and all other legal documents submitted to the Department. Applicant's headquarted outside the United States or its territories may submit applications in their native language if accompanied by a reasonably authenticated English translation.

Financial statements prepared in a foreign currency may be submitted provided the CPA documents the exchange rate into us dollars as of the period ending date on the annual financial statement.

The application and all attachments to the application must be typed or be in ink and be legible.

A computer generated Annual Financial Statement; equipment list, work experience history, and other such documents may be substituted for the forms provided in the application. These documents must be on 8 1/2x 11-inch paper. Also, if additional sheets are used to supply information, they must be on 8 1/2x 11-inch paper. Any other lengths are unacceptable and they will be returned.

Any incomplete submissions will be returned. If an item does not apply to your firm, please indicate "none". Please refrain from the use of N/A since N/A is a vague term open to interpretation.

The affidavit section is to be completed in its entirety by all applicants. The notarization section may not be complete by a stockholder or family member of the firm's owner(s). Limited liability corporations, limited partnerships and corporations are required to be in good standing with the State Corporation Commission at (804) 371-9733. The process will be discontinued if it is found the firm is not in good standing.

To insure continuous eligibility to bid on projects advertised by the Department, your Prequalification/Certification package must be filed with the Virginia Department of Transportation Prequalification Office at least forty five (45) days before your Certificate of Qualification expires.

PREQUALIFICATION EXEMPTION

Professional or other service type functions such as construction surveying, barrier or other type of service rental, personnel services (temporary agencies), suppliers, consultants, and haulers are not required to apply for prequalification.

BLOCK SUMMARY

First year of prequalification cycle – Firms applying for the first time, expired applicants, and applicants beginning new prequalification cycles need to perform the following:

| Type of Firm | | | | Required Submissions |
|--------------|---|---|---|---|
| S | P | L | C | Submit Form C-32 (Pages 1 thru 9 and Page 12) Page 7 not needed when annual financial statement is submitted |
| S | P | L | C | Submit a complete original annual financial statement |
| S | P | L | C | Submit Form C-37 (Original Completed in full & signed by the Independent CPA). Form C-37 is not required by firms only completing page 8. |
| | P | L | C | Be in good standing with the Virginia State corporation Commission (No Submittal Required). |
| S | P | | | Submit certificate of fictitious name |
| S | P | L | C | Submit – original Form C-42A |
| | | | | Optional Submissions |
| S | P | L | C | Submit – original Form C-47 |
| S | P | L | C | Submit original appraisals by an independent source |

*Legend: S-Sole Proprietorship P-Partnership L-Limited Liability Corporation C-Corporation

Second Year of Prequalification Cycle – Currently prequalification applicants applying for the second year of the two-year prequalification cycle need only submit the following:

| Type of Firm | | | | Required Submissions |
|--------------|---|---|---|---|
| S | P | L | C | Submit Form C-32A (Pages 1 & 2) If significant changes have occurred, submit the appropriate revised pages from Form C-32 |
| S | P | L | C | Submit a complete original annual financial statement or a new page from Form C-32 |
| S | P | L | C | Submit Form C-37 (Original Completed in full & signed by the Independent CPA). Form C-37 is not required by firms only completing page 8. |
| | P | L | C | Be in good standing with the Virginia State corporation Commission (No Submittal Required). |
| S | P | L | C | Submit – original Form C-42A |
| | | | | Optional Submissions |
| S | P | L | C | Submit – original Form C-47 |
| S | P | L | C | Submit an original appraisals by an independent source |

*Legend: S-Sole Proprietorship P-Partnership L-Limited Liability Corporation C-Corporation

If there are any questions regarding prequalification, please contact the Prequalification Office at (804) 786-2941 or (804) 786-2938. For computer assistance at this site, please contact the Web Administrator at (804) 786-2124.

Mail the completed original application and all supporting documents to:

VIRGINIA DEPARTMENT OF TRANSPORTATION

Construction Division, Prequalification Section

1401 East Broad Street

Richmond, VA 23219

Thank you for applying for Prequalification with the Virginia Department of Transportation.

HELPFUL HINTS FOR COMPLETING FORM C-32

- ◆ The attached (Form G32) is to be completed by all firms desiring prequalification privileges to work or bid on VDOT (Construction Division) contracts or to be certified by VDOT as a DBE or both. For prequalification purposes the Form G32 is to be filled out in the 1st year of the 2 year evaluation cycle and may be used to document significant changes in the second year. For certification purposes the Form C-32 is to be filled out in the 1st year of the 3-year cycle and a C-32A in the second and third year. The company's name as shown on the application shall be the company's legal name and the company must use its legal name in submitting bids.
- ◆ **Firms seeking prequalification are required to complete the form except in places where indicated "for applicants applying for certification (renewal) only." Suppliers, consultants, and haulers are not required to apply for prequalification.**
- ◆ **Applicants applying for certification (new, expired) are required to complete the entire form and provide the documentation requested on the checklist.**
- ◆ Computer generated Annual Financial Statements; equipment list, work experience history, and other such documents may be substituted for the forms provided in the application. These documents must be on 8 1/2x 11-inch paper. Also, if additional sheets are used to supply information, they must be on 8 1/2x 11-inch paper. Any other lengths are unacceptable and they will be returned.
- ◆ Any incomplete submissions will be returned. If an item does not apply to your firm please indicate "**none**". **N/A** is not an acceptable answer. The form must be typed or in ink and must be **legible**.
- ◆ Limited liability corporations, limited partnerships and corporations are required to be in good standing with the State Corporation Commission. This is a requirement for prequalification and certification. You may contact the State Corporation Commission at **804-371-9733**. The process will be discontinued if it is found you are not in good standing.
- ◆ **The prequalification process takes approximately forty five (45) days upon receipt of all information and the certification process takes approximately sixty (60) days upon receipt of all information.**
- ◆ **IT IS RECOMMENDED THAT YOU NOT SUBMIT YOUR FIRM'S NAME AS A PRIME AND/OR DBE ON PROJECTS UNLESS YOU HAVE RECEIVED YOUR PREQUALIFICATION AND/OR CERTIFICATION NOTIFICATION.**
- ◆ The affidavit section is to be completed in its entirety by all applicants. The notarization section may not be completed by a stockholder or family member of the firm's owner(s).
- ◆ **Attendance at an orientation session is a requirement for all firms seeking certification. You will be notified when to attend an orientation session.**
- ◆ Mail the completed application and all supporting documents to:

**VIRGINIA DEPARTMENT OF TRANSPORTATION
Construction Division, Prequalification Section
1401 East Broad Street
Richmond, VA 23219**

For questions concerning prequalification, please call (804) 786-2941. For certification, please call toll free 1-888-508-3737. Persons with a hearing impairment can also contact the Department at the same number.

VIRGINIA DEPARTMENT OF TRANSPORTATION PREQUALIFICATION APPLICATION

This application (Form C-32) is to be completed by all firms desiring prequalification privileges to work or bid on VDOT (Construction Division) contracts or to be certified by VDOT as a DBE/WBE/MBE or both. For prequalification purposes the Form C-32 is to be filled out in the first year of the 2-year evaluation cycle and may be used to document significant changes in the second year. If no significant changes occur a Form C-32A may be acceptable in the second year. For certification purposes the Form C-32 is to be filled out in the first year of the 3-year cycle and a C-32A in the second and third year.

PART A - GENERAL INFORMATION - all applicants must complete

1. Please check the program(s) this Firm is applying:

☐ Prequalification (Highway Contractors - Both Prime and Subcontractors)

☐ Certification ☐ DBE (minority owned) ☐ WBE (women-owned) ☐ Other

2. Company's Full Legal Name _____

Street Address _____

City State Zip Code

Mailing Address (if different) _____

City State Zip Code

Federal Tax ID Number _____ E-Mail Address _____

() ()

Telephone Number _____ Fax Number _____

Contact Person (As authorized under Item B 1 page 2) _____

3. Firms Legal Status and History (please check the type of business entity)

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company

Date this firm was established _____

Has this organization transacted business under any other name? _____ YES _____ NO.

If yes, under what name(s) did the firm transact business? _____

4. Ownership of Firm

Identify all individual owners of the firm. (Attach additional sheet if more space is needed)

| -1- Name | -2- Social Security Number | -3- Race | -4- Sex | -5- Years of ownership | -6- Ownership Percent | -7- Voting Percent (Corp. only) |
|-------------|-------------------------------------|-------------|------------|------------------------------|-----------------------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

PART B - 1. AUTHORIZED INDIVIDUALS AND RELATED FIRMS (All Applicants Must Complete)

**Individuals Authorized to Transact Business with the
Virginia Department of Transportation**

List names of all owners, officers, partners or individuals within your organization who in any/or way and to any extent are authorized to represent, transact business or sign legal documents and contracts, on behalf of the firm, with VDOT. In the event any of these individuals holds any office or has any interest in any other firm or firms, please state their affiliation or involvement within these firms.

The executed signature on future bid proposals and all other legal documents, submitted to VDOT, must be identical to the signatures on this document. Different styles of an individual's signature may be placed on file. Two or more signatures are requested, but not required. No other individuals should attempt to represent, transact business or sign documents and contracts, on behalf of the firm, with VDOT.

1.

| Print Name | Social Security Number | Position held in this Firm | Signature |
|------------|------------------------|----------------------------|-----------|
|------------|------------------------|----------------------------|-----------|

☐ Yes ☐ No

| Are you involved in another Firm? | Name of other Firm | Position held in other Firm | Financial interest in other Firm |
|-----------------------------------|--------------------|-----------------------------|----------------------------------|
|-----------------------------------|--------------------|-----------------------------|----------------------------------|

2.

| Print Name | Social Security Number | Position held in this Firm | Signature |
|------------|------------------------|----------------------------|-----------|
|------------|------------------------|----------------------------|-----------|

☐ Yes ☐ No

| Are you involved in another Firm? | Name of other Firm | Position held in other Firm | Financial interest in other Firm |
|-----------------------------------|--------------------|-----------------------------|----------------------------------|
|-----------------------------------|--------------------|-----------------------------|----------------------------------|

3.

| Print Name | Social Security Number | Position held in this Firm | Signature |
|------------|------------------------|----------------------------|-----------|
|------------|------------------------|----------------------------|-----------|

☐ Yes ☐ No

| Are you involved in another Firm? | Name of other Firm | Position held in other Firm | Financial interest in other Firm |
|-----------------------------------|--------------------|-----------------------------|----------------------------------|
|-----------------------------------|--------------------|-----------------------------|----------------------------------|

4.

| Print Name | Social Security Number | Position held in this Firm | Signature |
|------------|------------------------|----------------------------|-----------|
|------------|------------------------|----------------------------|-----------|

☐ Yes ☐ No

| Are you involved in another Firm? | Name of other Firm | Position held in other Firm | Financial interest in other Firm |
|-----------------------------------|--------------------|-----------------------------|----------------------------------|
|-----------------------------------|--------------------|-----------------------------|----------------------------------|

5.

| Print Name | Social Security Number | Position held in this Firm | Signature |
|------------|------------------------|----------------------------|-----------|
|------------|------------------------|----------------------------|-----------|

☐ Yes ☐ No

| Are you involved in another Firm? | Name of other Firm | Position held in other Firm | Financial interest in other Firm |
|-----------------------------------|--------------------|-----------------------------|----------------------------------|
|-----------------------------------|--------------------|-----------------------------|----------------------------------|

6.

| Print Name | Social Security Number | Position held in this Firm | Signature |
|------------|------------------------|----------------------------|-----------|
|------------|------------------------|----------------------------|-----------|

☐ Yes ☐ No

| Are you involved in another Firm? | Name of other Firm | Position held in other Firm | Financial interest in other Firm |
|-----------------------------------|--------------------|-----------------------------|----------------------------------|
|-----------------------------------|--------------------|-----------------------------|----------------------------------|

2. Related Firms (**All applicants must complete**)

A. List names and complete addresses of all affiliated, financially associated, and subsidiary companies.

Affiliate - Any business entity that is closely associated to another business entity so that one entity controls or has the power to control the other entity directly or indirectly; or, when a third party has the power or controls both; or when one business entity has been so closely allied with another business entity through an established course of dealings, including but not limited to the lending of financial wherewithal, engaging in joint ventures, etc. as to cause a public perception that the two firms are one entity.

| -1- Name of Affiliated Company | -2- Affiliated Firm's Address | -3- Federal Tax ID Number | -4- Affiliated Firm's Type of Work | -5- Affiliated Firm's Relationship to the Applicant | -6- Affiliated Firms % Interest in Applicant | -7- Applicants % Interest in Affiliated Firm |
|-----------------------------------|-------------------------------------|---------------------------------|--|--|--|--|
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* Relationship between firms may be simply stated as: Grandparent, Parent, Brother/Sister or Child. If firms are related by common owners, or if an authorized individual listed on page 2 of this application is involved with another firm, the other firm should be listed and the firms' relationship to the applicant should be stated as brother/sister firms.

A diagram (Flow Chart) may be submitted as an addition to this list to document the relationship between the firms.

B. _____ Is not directly or indirectly related to any other business entity.
(Name of Applicant)

PART C: REQUESTED WORK CLASSES - All Applicants Must Complete

1. WORK CLASSES (Limit selection to no more than 10 work classes). Please indicate the years of experience this firm (not individuals) has by each requested work class.

☐ Grading (002)
☐ Excavating (101)
☐ Demolition of Buildings (015)
☐ Demolition of Structures (080)
☐ Clearing and Grubbing (011)
☐ Tunneling (043)
☐ Jacking and Boring of Pipe (024)
☐ Roadside Development (033)
☐ Landscaping (106)
☐ Erosion Control (070)
☐ Soil Stabilization (036)
☐ Underdrains (044)
☐ Mud Jacking (048)
☐ Drilling and Blasting (058)
☐ Dredging (017)
☐ Major Structures (003) (spans greater than 30')
☐ Bridge Repair (055)
☐ Erection and Fabrication Structural (019)
☐ Materials
☐ Welding (083)
☐ Post Tensioning (057)
☐ Slip Form and Reinforcing Steel Placement (023)
☐ Pile Driving and Chassion Foundation (030)
☐ Shoring / Sheeting (082)
☐ Painting of Bridge & Structures (028)
☐ Waterproofing (042)
☐ Epoxy Work (071)
☐ Marine Construction (054)
☐ Underwater Construction & Repair (081)
☐ Underwater Utilities (051)
☐ Marine Salvage (075)
☐ Subsurface Investigation (076)
☐ Tunnel Finishing (042)
☐ Minor Structure (007)
☐ Drainage Structures (005)
☐ Masonry Construction (056)
☐ Guardrail (021)
☐ Fencing (020)
☐ Signing (035)
☐ Portland Cement Concrete Pavement (006)
☐ Incidental Concrete (022)
☐ Pneumatic Mortar (031)
☐ Concrete Pumping (110)
☐ Pavement Sawing and Grooving (049)
☐ Joint Repair / Underseal Pavement (050)
☐ Asphalt Pavement (004)
☐ Roadway Planning (013)
☐ Slurry Seal & Pavement (068)
☐ Pavement Markings (029)
☐ Highway Related Classes
☐ Underground Utilities (045) (water, gas, sanitary sewer)
☐ Hazardious Waste Removal (133)
☐ Railroad Construction and Repair (032)
☐ Wetland Mitigation (063)
☐ Electrical Installation (018)
☐ Roadway Lighting (072)
☐ Traffic Signalization (052)
☐ Cathodic Protection (160)
☐ Closed Circuit TV (162)
☐ Fiber Optic Cable (161)
☐ Traffic Management Systems (164)
☐ System Intergration (163)
☐ Variable Message Signing (165)
☐ Construction Surveying (132)
☐ Transportation of Materials (074)

☐ Building Construction (009)
☐ Carpentry (109)
☐ Drywall (139)
☐ Insulation (014)
☐ Metal Doors and Frames (118)
☐ Painting (040)
☐ Plumbing (126)
☐ Roof repair Coatings (143)
☐ Tiling (039)
☐ General Contracting (096)
☐ Other Classes
☐ Anti-Skid Materials (047)
☐ Dewatering (016)
☐ Drilling (134)
☐ Elevated Storage Tanks (136)
☐ Ironwork (cold milling) (151)
☐ Machinist (008)
☐ Marine Equipment and Towing (121)
☐ Rental Equipment (088)
☐ Toll Collections Equipment (041)
☐ Traffic control Devices (078)
☐ Printing Services (167)
☐ Communications (168)
☐ Food Service (169)
☐ Courier Services (170)
☐ Other _____
☐ Supplier
☐ Building & Industrial (092)
☐ Chemical (124)
☐ Concrete (091)
☐ Concrete Products Manufacturer (089)
☐ Electrical (127)
☐ Epoxy (102)
☐ Equipment (027)
☐ Fuel (112)
☐ Guardrail (116)
☐ Lightweight / Aggregate (157)
☐ Manufacturer's Representative (105)
☐ Pipe (094)
☐ Pressure Treated Wood (093)
☐ Road Materials (149)
☐ Safety Equipment (086)
☐ Sand & Gravel (103)
☐ Sheet Metal (026)
☐ Steel (122)
☐ Stone (090)
☐ Other _____
☐ Consultant Services
☐ Acoustical Construction (140)
☐ Archaeology/Historical (034)
☐ Architectural Services (111)
☐ Business (079)
☐ Computer Services (125)
☐ Cost Estimating (130)
☐ Detailing (131)
☐ Electrical (073)
☐ Engineering (084)
☐ Environmental Impact Studies (152)
☐ Material Test/Inspect (104)
☐ Technical Planning (138)
☐ Transportation (137)
☐ Other _____

PART D - PRIOR WORK EXPERIENCE - all applicants must complete

List projects completed in the past three years. Work performed beyond three years may be shown if desired. (List all work that will demonstrate experience and capability in the areas checked in Part C). If you answer 'yes' to #5 through #7, please explain using the reference numbers at the top of each column on a separate sheet.

[illegible]

If additional space is needed, please attach it to this page.

PART E – EQUIPMENT AVAILABLE TO THE APPLICANT

1. Owned Equipment – All applicants must complete. However if green guide values (Form C-37A) is submitted or if an appraisal including serial numbers and vin numbers is submitted in accordance with the CPA annual financial review (Form C-37) page 1 item 3A, this equipment listed need not be submitted.

[illegible]

2. LEASED EQUIPMENT – OPTIONAL FOR APPLICANTS USING LEASED EQUIPMENT

Rented or leased equipment may be considered if lease agreements are submitted. The equipment dealer may also furnish written documentation detailing the equipment it has for lease or rent. The equipment dealer should also submit a letter stating the equipment it has previously rented to the applicant. This letter should also state the equipment dealer's willingness to rent this equipment to the applicant in the future.

| Description and Capacity of each item | Serial Number or VIN Vehicle ID Number | AGE | Lease Attached |
|---------------------------------------|---|-----|----------------|
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3. QUALITY COMMITMENT: Optional for All Applicants

This Firm is currently certified by a quality control standards organization. ☐ YES

☐ NO

If the answer is yes please provide the name and addresses of the certification organization below, and attach a copy of all current quality control certificates.

If additional space is needed, please attach it to this page

PART F - FINANCIAL INFORMATION

All Applicants are required to submit a complete original Annual Financial Statement. The Applicant's CPA shall complete CPA's Annual Financial Review (Form C-37) for all firms submitting audited, reviewed, or compiled Financial Statements. Applicants without audited, reviewed, or compiled Financial Statements must complete the following balance sheet or submit an original annual balance sheet in the same format as this page. Tax returns cannot be used to meet the requirements of a Financial Statement.

ANNUAL BALANCE SHEET

Firm's Name _____

For the Fiscal Year (12 month period) _____ Month/Day/Year

1. ASSETS

Current Assets (1 year or less):

Cash and Bank Account _____

Accounts Receivable _____

Notes Receivable _____

Other Current Assets _____

Total Current Assets

(1a) _____

Non-Current Assets (over 1 year):

Equipment _____

Real Estate/Land _____

Other Non-Current Assets _____

Total Non-Current Assets

(1b) _____

TOTAL ASSETS (1a+1b)

(1c) _____

2. LIABILITIES

Current Liabilities (1 year or less)

Notes Payable _____

Leases Payable _____

Accounts Payable _____

Other Current Liabilities _____

Total Current Liabilities

(2a) _____

Non-Current Liabilities (over 1 year):

Notes Payable - Long term _____

Notes Payable - Equipment _____

Other Non-Current Liabilities _____

Total Non-Current Liabilities

(2b) _____

TOTAL LIABILITIES (2a+2b)

(2c) _____

Equity/Capital Stock (1c-2c)

(2d) _____

3. TOTAL LIABILITIES & EQUITY (2c+2d, should equal 1c)

Printed Name of Owner/Agent _____

Date _____

Signature of Owner/Agent _____

Date _____

Name and detailed business address of the person and/or the firm that prepared this annual balance sheet.

(Phone Number) _____

(Fax Number) _____

(E-mail Address) _____

PART G - All Applicants must complete

ANNUAL GROSS RECEIPTS SURVEY

| | | |
|---------------------------|---|------------|
| Company's Full Legal Name | | Vendor No. |
| Firm's Address | | |
| City | State | Zip Code |
| Age of Firm | Firm's DBE Status DBE Non-DBE | |

ANNUAL GROSS RECEIPTS

For the Firm's fiscal year ending _____
(Date)

PLEASE CHECK THE APPROPRIATE BRACKET

| | |
|--|---|
| <input type="checkbox"/> 0 - \$10,000 | <input type="checkbox"/> \$35 Million - \$40 Million |
| <input type="checkbox"/> \$10,000 - \$25,000 | <input type="checkbox"/> \$40 Million - \$45 Million |
| <input type="checkbox"/> \$25,000 - \$50,000 | <input type="checkbox"/> \$45 Million - \$50 Million |
| <input type="checkbox"/> \$50,000 - \$100,000 | <input type="checkbox"/> \$50 Million - \$55 Million |
| <input type="checkbox"/> \$100,000 - \$250,000 | <input type="checkbox"/> \$55 Million - \$60 Million |
| <input type="checkbox"/> \$250,000 - \$500,000 | <input type="checkbox"/> \$60 Million - \$65 Million |
| <input type="checkbox"/> \$500,000 - \$1 Million | <input type="checkbox"/> \$65 Million - \$70 Million |
| <input type="checkbox"/> \$1 Million - \$2 Million | <input type="checkbox"/> \$70 Million - \$75 Million |
| <input type="checkbox"/> \$2 Million - \$5 Million | <input type="checkbox"/> \$75 Million - \$80 Million |
| <input type="checkbox"/> \$5 Million - \$10 Million | <input type="checkbox"/> \$80 Million - \$85 Million |
| <input type="checkbox"/> \$10 Million - \$15 Million | <input type="checkbox"/> \$85 Million - \$90 Million |
| <input type="checkbox"/> \$15 Million - \$20 Million | <input type="checkbox"/> \$90 Million - \$95 Million |
| <input type="checkbox"/> \$20 Million - \$25 Million | <input type="checkbox"/> \$95 Million - \$100 Million |
| <input type="checkbox"/> \$25 Million - \$30 Million | <input type="checkbox"/> Over \$100 Million |
| <input type="checkbox"/> \$30 Million - \$35 Million | |

COMMENTS: _____

PART G - FINANCIAL INFORMATION (Continued) - To be completed by applicants applying for certification and recertification only.

ANNUAL INCOME STATEMENT

For the Twelve Month Period Ending _____

(1) REVENUE-GROSS RECEIPTS (1) _____

Less Direct Expense

Direct Labor Expense

Subcontracts

Materials

Contract Administration

Equipment Rental

Other

Total Direct Expense

(a) _____

(2) GROSS PROFIT (1-a) (2) _____

(3) OPERATING EXPENSES

Accounting

Advertising

Auto and Truck Expense

Bad Debts

Computer Expense

Depreciation

Dues and Subcontractors

Insurance - Group

Insurance - General

Legal Expense

Licenses

Office Supplies and Expenses

Payroll Taxes

Repairs and Maintenance

Rent

Salaries

Service Charges

Miscellaneous

Other

Total Operating Expense

(3) _____

(4) NET INCOME OR OPERATING PROFIT (LOSS) (2-3) (4) _____

(5) Name of Bonding Company _____

Bonding amount or Bonding Limit \$ _____

Print Name of Owner/Agent

Signature of Owner/Agent

Date

PART H - OWNERSHIP AND CONTROL OF FIRM - This entire page is to be completed by applicants applying for **certification or recertification only.**

1. Company's Full Legal Name _____

Has this firm or any other firms with the same officers been previously approved or denied bidding privileges, certification, or participation as a DBE/WBE? If yes, check here _____ and complete the chart below. (Attach additional sheet if more space is needed).

| Date Approved | Date Denied | Authority/Agency | Circumstances |
|---------------|-------------|------------------|---------------|
| | | | |
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2. For firms less than 100% minority or woman owned, list the contributions of money, equipment, real estate or expertise of each of the owners.

| Name of Individual | Type of Contribution | Value of Contribution |
|--------------------|----------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

3. Identify individuals (owners and non-owners) who are responsible for day-to-day management and policy making decisions, including individuals primarily responsible for the following:

| | Name | Title | Race | Sex |
|---|------|-------|------|-----|
| Financial | | | | |
| Estimating | | | | |
| Hiring & Firing of Management Personnel | | | | |
| Marketing & Sales | | | | |
| Purchasing (major supplies) | | | | |
| Supervision of Field Operations | | | | |

4. SUMMARY INFORMATION - List gross receipts and net worth of the firm for the last three years.

| | | |
|-------------------|-------------------------|--------------------|
| Year Ending _____ | Gross Receipts \$ _____ | Net Worth \$ _____ |
| Year Ending _____ | Gross Receipts \$ _____ | Net Worth \$ _____ |
| Year Ending _____ | Gross Receipts \$ _____ | Net Worth \$ _____ |

5. Number of full-time employees presently employed by your firm _____ Part-time _____

PART I. - ALL APPLICANTS MUST COMPLETE AND HAVE NOTARIZED

AFFIDAVIT

The undersigned hereby declares that the foregoing is a true statement of the financial condition of the individual, partnership or corporation herein first named, as of the date herein first given; that this statement is in response to a question and that any depository, vendor, or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

State of _____ City/County of _____

being duly sworn deposes and says

*(Print Name of Authorized Company Officer)

That he/she is _____ of _____ the
(Title) (Print Name of Organization)

firm described in and which executed the foregoing statement; that he is familiar with the books of the said applicant showing its financial condition; that the foregoing financial statement, taken from the books of the said applicant, is a true accurate statement of financial condition of said applicant as of the date thereof and that the answers to the foregoing interrogatories are true and further swears that the answers to all questions and all statements furnished as part of or therein contained in this application are true and correct.

*(Signature of Authorized Company Officer)

Sworn to before me this _____ Day of _____, 20 _____

(Seal) _____
(Notary Public)

My Commission Expires _____

Mail completed application to: VIRGINIA DEPARTMENT OF TRANSPORTATION
Construction Division, Prequalification Section
1401 East Broad Street
Richmond, Virginia 23219

For more information contact the Prequalification Section at (804) 786-2941

(Firms applying for certification /certification renewal only)

PREPARER'S INFORMATION: To assist in the determining the time and cost involved in completing this document please complete the section below.

NO. OF HOURS REQUIRED TO COMPLETE FORM _____
COST TO HAVE FORM COMPLETED _____
NAME AND TITLE OF INDIVIDUAL WHO COMPLETED FORM _____

* As authorized under item B - 1 page 2

**APPLICANT'S ANNUAL FINANCIAL REVIEW
INSTRUCTIONS FOR CERTIFIED PUBLIC ACCOUNTANT (CPA)
COMPLETING THE APPLICANT'S ANNUAL CPA'S REPORT OF AGREED UPON
PROCEDURES
(FORM C-37)**

1. The annual CPA's Report of Agreed Upon Procedures (Form C-37) is required to be completed by the CPA for all firms submitting "compiled", "reviewed," or "audited" financial statements reported on by a CPA in accordance with generally accepted accounting principles. Audits of financial statements will be conducted in accordance with generally accepted auditing standards. For applicants submitting page 4 of Form C-32 or an original annual self prepared balance sheet, the procedures will be performed by the Virginia Department of Transportation.
2. Form C-37 must be typed or completed in ink.
3. Form C-37 is to be attached to the firm's complete original annual financial statements that were reported on by the applicant's CPA.
4. The applicant's original annual financial statements are required to be submitted. Photo copies, faxed copy, preliminary reports, draft reports, proforma reports, tax returns, and other types of unfinalized reports are unacceptable and will be returned.
5. An appraisal of the firms' equipment may be used if the appraisal is an original detailed appraisal signed by the equipment dealer. The appraisal cannot predate the firm's original annual financial statement period ending date by more than six months.
6. The applicant's annual CPA's Report of Agreed Upon Procedures (Form C-37) is also required to be completed for each related firm pledging assets to the applicant. All instructions required of the applicant also apply to any related firm pledging assets to the applicant. When the period ending date on the complete original annual financial statements of the related firm is different from the applicant's, the financial statements with the earliest period ending date will be used to set the applicant's expiration date.

The highest type of financial statement is recommended for submittal. Provided the applicant's financial factor is sufficient, the type of financial statement submitted establishes the limit on the applicant's maximum capacity rating. Currently these limits are the following:

AUDITED (generally accepted auditing standards): No limit
REVIEWED: \$12,000,000.00
COMPILED, SELF PREPARED, and ALL OTHERS: \$600,000.00

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION

CPA'S ANNUAL FINANCIAL REVIEW

Applicant's Name: _____

Address: _____

Date of Applicant's Complete Original Annual Financial Statements:

Type of Financial Statement Report: Compiled ____ Reviewed ____ Audit ____

We have performed the procedures enumerated below which were agreed to by the Virginia Department of Transportation (VDOT) and the Applicant, solely to assist VDOT in its assessment of the Applicant's prequalification and certification submissions. This agreed-upon procedures engagement was performed in accordance with standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of the specified users of the report. Consequently, we make no representations regarding the sufficiency of the procedures described below either for the purpose for which this report has been required or for any other purpose. This report is intended solely for the information and use of the applicant and VDOT and is not intended to be used by anyone other than these specified parties.

- | | <u>YES, NO, or N/A</u> |
|---|------------------------|
| (1) I (we) have read the notes to the applicant's financial statements to see that contingencies, subsequent events or commitments appear to be disclosed as appropriate. | _____ |
| (2) I (we) have obtained and read Form C-40 "Authorization to Obligate Individual's Name for Prequalification" to ensure it has been prepared when the financial statements submitted include the assets and liabilities of both husband and wife. | _____ |
| (3) I (we) have obtained, read and signed Form C-32C, "Optional Equipment Values", indicating that the values stated therein agree with those noted in the "Green Guide" dated _____. | _____ |
| (a) I (we) have checked, and found complete, the following requirements for the submission of the appraiser's detailed equipment list: The listing is an original, prepared on the appraisal firm's letterhead which attests, by the appraiser's signature thereon, to the fair market values of the equipment listed; the appraisal is not dated more than six months prior to the applicant's reporting period, and that the appraisal displays both the applicant's book value and the appraised value of the equipment listed | _____ |
| (b) I (we) have, when tax assessed values of real estate are used by the applicant, verified that the applicant is listed as the owner of record and that the applicant's listed values agree to those on the real estate assessment notices. | _____ |

YES, NO, or N/A

- (4) I (we) have obtained a copy of the following to ensure they were prepared and available for submission when a related firm has pledged part or all of its assets on behalf of the applicant:
- (a) An original of the related firm's annual financial statements.
- (b) A completed "CPA's Report of Agreed Upon Procedures" (Form C-37) for the pledging firm.
- (c) A completed "Asset Determination Authorization" (Form C-39), duly notarized, for the pledging firm.
- (5) When an applicant has submitted combined financial statements, I (we) have obtained a copy to see that a completed "Asset Determination Authorization" (Form C-39) has been prepared and is available for submission from each of the entities identified in the report page of the original annual financial statements of the applicant
- (6) I (we) have rendered our report on the applicant's annual financial statements submitted herewith.
- (7) I (we) have obtained a copy of the applicant's original financial statements submitted with this application and found them to be within 16 months of the date of the application.
- (8) I (we) have provided to the applicant our report on their annual financial statements that they are submitting with this application.

* Any "No" or "N/A" answer requires comment below:

Comments:

CPA'S RECALCULATION OF APPLICANT'S FINANCIAL FACTOR

Date of Applicant's Complete Original Annual Financial Statement: _____

Type of Financial Statement Report: _____ Compiled _____ Reviewed _____ Audit _____

NOTE: INTANGIBLE ASSETS (good will and lines of credit not allowed in this calculation)

- | | | | |
|----|----------------------------------|---------|---------|
| 1. | Current Assets | | |
| 2. | Current Liabilities | (-) | _____ |
| 3. | Net Current Assets | (=) | _____ |
| 4. | Non-Current Assets * | | _____ |
| 5. | Appraised Values (increase only) | (+) | _____ |
| 6. | Non-Current Liabilities ** | (-) | _____ |
| 7. | Net Non-Current Assets | (4+5-6) | = _____ |
| 8. | 60% of Net Non-Current Assets | x.6 | = _____ |

NOTE: (60% of line 7 is entered on line 8 when line 7 is positive
100% of line 7 is entered on line 8 when line 7 is negative)

- | | | | |
|----|---------------------------------------|---|-------|
| 9. | Item 3 plus item 8 (financial factor) | = | _____ |
|----|---------------------------------------|---|-------|

* Non-Current Assets - Those assets which a firm possesses that are not limited for the current fiscal year" (Definitions - Form C-46).

** "Non-Current Liabilities - Those liabilities which a firm possesses that are not payable for the current fiscal year." (Definitions - Form C-46).

I (we) have reviewed this application and find that all information used in this submission, which was extracted from the applicant's original financial statements, agrees with those found in the financial statements. This report is intended solely for the use by the Virginia Department of Transportation and the applicant, and should not be used by those who have not agreed to the procedures and taken responsibility for the sufficiency of the procedures for their purposes.

(Date)

Firm Signature

Independent CPA:

Name: _____

Address: _____

Certificate Number: _____

State Issuing Certificate: _____

Phone: _____

Fax: _____

E-Mail: _____

Date _____

ORDER NO.: _____
CONTRACT ID. NO.: _____

Form C-42
3-30-01

**TO ALL PREQUALIFIED CONTRACTORS
STATUS OF WORK ON HAND**



I certify that the award of this contract will ☐, will not ☐ exceed this Firms maximum capacity when added to my uncompleted balance of work underway*. By making this disclosure, I have included all contracts, whether as a prime contractor or subcontractor, whether in progress or awarded but not yet begun, or where this firm is low bidder and pending formal award. I will supply a detailed status of work on hand upon request.

*Note: When determining work underway, show only your share of joint ventures, deduct amounts to be sublet, and deduct portions of work that is complete.

Signature

Name of Firm

Date

REQUEST FOR PROTECTION OF PREQUALIFICATION /CERTIFICATION
MATERIALS FROM DISCLOSURE UNDER THE
Virginia Freedom of Information Act

In submission of it's Prequalification/Certification materials, _____
(Applicant)

_____ hereby invokes the protection of §11-52(D) of the Code of
Virginia

(Virginia Public Procurement Act) and request protection from public disclosure of certain
ownership information.

The data or materials to be protected are: (Contents of entire file can not be protected. See statement
below.)

The reasons why such protection is necessary are:

Check here if no protection is requested _____

SIGNATURE OF AN AUTHORIZED COMPANY OFFICER

DATE

The Virginia Public Procurement Act allows for the exemption of certain prequalification/certification information from public disclosure. A contractor must request the exemption in writing in order that the prequalification/certification application and financial statement be withheld from public view, under the Freedom of Information Act. This can be accomplished by completing this form. This form must indicate the name of the company, the items and the reason why the exemption is requested (PLEASE BE SPECIFIC) and state specifically why each item is exempt. Entire file contents can not be protected. This request must be signed by an authorized officer of the company. For example, just indicating entire file to be exempt is not specific enough and will not protect your information from being disclosed.

AFFIDAVIT OF NO CHANGE

I, _____ (printed name), in the City/ County
of _____ being duly sworn deposes and says that He/She
is _____ (title) of _____ (print name of
organization) and hereby declares under penalty of perjury that the information in this
affidavit is a true and correct statement as of the date hereby given. The undersigned attests
that this firm continues to be owned and controlled by disadvantaged individuals and that
the personal net worth of all the owners whose ownership is relied upon for Disadvantaged
Business Enterprise (DBE) status does not exceed \$750,000 and that the firm continues to be
a small business as defined by the Small Business Administration (SBA) in its governing
regulation, 13 CFR Part 121 located at
www.dot.gov/ost/docr/regulations/library/13CFR43HTM.

I further attest that I have not been denied bidding privileges or DBE certification under any
other federal programs. I acknowledge that The Virginia Department of Transportation
(VDOT) hereby reserves the right to make inquiries in order to verify any information
relating to the firm's application and status as an eligible DBE.

I agree that VDOT will be notified in writing within 30 days of any changes in ownership
and/or control, personal net worth and/or size standard that would impact the firm's
eligibility to remain in the program.

Signature _____ Date _____

State of _____ County
of _____

The foregoing instrument was acknowledged before me this _____ (day) of

_____ 20____ by _____ (print name)

My commission expires _____ (Notary)

NOTE: IN THE COMMONWEALTH OF VIRGINIA ANY FALSE STATEMENT IS SUFFICIENT CAUSE
FOR DENIAL OF DBE CERTIFICATION, REVOCATION OF A PRIOR APPROVAL OR SUSPENSION
AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY
AND ALL CIVIL AND CRIMINAL PENALTIES UNDER APPLICABLE FEDERAL AND STATE LAWS.

(over)

ANNUAL GROSS RECEIPTS SURVEY

| | | | |
|---------------------------|--|------------|--|
| Company's Full Legal Name | | Vendor No. | |
| Firm's Address | | Phone # | |
| City | | Fax # | |
| State | | Zip Code | |
| Age of Firm | | DBE | |
| Non-DBE | | | |

ANNUAL GROSS RECEPITS

For the firm's fiscal year ending _____
(Date)

PLEASE CHECK THE APPROPRIATE BRACKET

| | |
|--|---|
| <input type="checkbox"/> \$0 - \$10,000 | <input type="checkbox"/> \$35 Million - \$40 Million |
| <input type="checkbox"/> \$10,000- \$25,000 | <input type="checkbox"/> \$40 Million - \$45 Million |
| <input type="checkbox"/> \$25,000 - \$50,000 | <input type="checkbox"/> \$45 Million - \$50 Million |
| <input type="checkbox"/> \$50,000 - \$100,000 | <input type="checkbox"/> \$50 Million - \$55 Million |
| <input type="checkbox"/> \$100,000 - \$250,000 | <input type="checkbox"/> \$55 Million - \$60 Million |
| <input type="checkbox"/> \$250,000 - \$500,000 | <input type="checkbox"/> \$60 Million - \$65 Million |
| <input type="checkbox"/> \$500,000 - \$1 Million | <input type="checkbox"/> \$65 Million - \$70 Million |
| <input type="checkbox"/> \$1 Million - \$2 Million | <input type="checkbox"/> \$70 Million - \$75 Million |
| <input type="checkbox"/> \$2 Million - \$5 Million | <input type="checkbox"/> \$75 Million - \$80 Million |
| <input type="checkbox"/> \$5 Million - \$10 Million | <input type="checkbox"/> \$80 Million - \$85 Million |
| <input type="checkbox"/> \$10 Million - \$15 Million | <input type="checkbox"/> \$85 Million - \$90 Million |
| <input type="checkbox"/> \$15 Million - \$20 Million | <input type="checkbox"/> \$90 Million - \$95 Million |
| <input type="checkbox"/> \$20 Million - \$25 Million | <input type="checkbox"/> \$95 Million - \$100 Million |
| <input type="checkbox"/> \$25 Million - \$30 Million | <input type="checkbox"/> Over \$100 Million |
| <input type="checkbox"/> \$30 Million - \$25 Million | |

Provide a copy of the following documents:

A copy of your firm's last years Federal Income Tax Return including all schedules.

A copy of all the owners whose ownership is relied upon for DBE status last year's Federal Income Tax Return including all schedules.

A copy of the personal net worth statement for all owners whose ownership is relied upon for DBE status.